ED 198

REV. 1/12

C.G.S. 10-145n, 2010 Supplement C.G.S.

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Standards and Certification P.O. Box 150471 – Room 243 Hartford, CT 06115-0471



www.ct.gov/sde

ADJUNCT ARTS INSTRUCTOR PERMIT

PART I: PERSONAL INFORMATION (Print all informat	ion in blue ink and in uppercase letters.
LAST NAME	
FIRST NAME	MI GENDER (M/F)
SOCIAL SECURITY NUMBER	BIRTH DATE (Month-Day-Year) – Required
ADDRESS (Street)	(Apt #)
(City)	
(State) (Zip Code)	FORMER LAST NAME(S)
PHONE (Home/Cell)	Race/Ethnicity 1. Native American 2. Asian/Pacific Islander 3. Black
E-MAIL ADDRESS	(Optional) 4. White 5. Hispanic
1. Have you ever been convicted of any crime, excluding minor traffic violation.	
2. Have you ever been dismissed for cause from any position?	☐ YES ☐ NO
3. Have you ever surrendered a professional certificate, license, permit or o (including, but not limited to, an education credential); had one revoked, annulled, invalidated, rejected or denied for cause; or been the subject of adverse or disciplinary credential action?	, suspended,

Pursuant to Connecticut General Statutes Section 10-221d, the State Board of Education must complete a criminal history records check on each applicant for an initial issuance or renewal of a certificate, authorization or permit. Each applicant seeking an initial issuance or renewal of a certificate, authorization or permit must also submit to a records check of the Department of Children and Families' child abuse and neglect registry established pursuant to Connecticut General Statutes Section 17a-101k. In addition, the State Board of Education is required to submit periodically for a criminal history records check the database of all persons who hold any certificate, authorization or permit.

NOTE: If you answer "YES" to any of the above questions, you must attach a signed statement of explanation. If there are multiple incidents within each question, you must list and explain each separately. Submit official copies of court or administrative record(s), including disposition of each case. Also provide a minimum of three letters of professional recommendation to include, but not limited to, a reference to character, signed and dated within three months of submission.

Information on this application is subject to disclosure pursuant to the Freedom of Information Act.

PART II: EDUCATIONAL BACKGROUND

List higher education institution(s) which you attended. Attach a separate sheet if you need additional space.

NAME OF INSTITUTION	STATE	DATES ATTENDED		DEGREE/MAJOR
		FROM	TO	

PART III: ARTISTIC EXPERIENCE

Typed or Printed Name of Person Signing Above

in New Haven

Street

Name of Director of Interdistrict Arts Magnet High School

or Cooperative Arts and Humanities Magnet High School

City

Verification of three years of work experience in the artistic area OR one year experience and two years specialized schooling related to the artistic specialty.

PART IV: PROFESSIONAL EXPERIENCE

Verification of 180 hours of cumulative experience working with children in private or public settings or two years of experience as a full-time faculty member at an institution of higher education.

NOTE: Verification of experience must be on company/institutional letterhead and contain the original signature of the Head of Human Resources or supervisor. An official transcript(s) must be submitted to verify specialized schooling.

tains no material misrepresentations, falsifications or omissi	ation provided by me on this application and any accompanying documents consions and that all of the information given by me is true, complete and accurate ation may be verified and that any material misrepresentation, falsification or ficate(s), permit(s) or authorization(s).
ORIGINAL SIGNATURE OF APPLICANT	DATE:
Magnet High School in New Haven)	pproved on or before 7-1-09) or Cooperative Arts and Humanities rmit for the aforementioned applicant to serve no more than 15
Endorsement Area Grade Renewal	From To (Month/Day/Year) To (Month/Day/Year)
Signature of Superintendent/Executive Director/Desig (Original signature, no stamps accepted)	gnee Date

Zip Code

Title

Telephone Number

E-Mail Address

ED 198 REV. 1/12 C.G.S. 10-145n, 2010 Supplement C.G.S.

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Standards and Certification P.O. Box 150471 – Room 243 Hartford, CT 06115-0471

www.ct.gov/sde

INSTRUCTIONS TO APPLICANT FOR ADJUNCT ARTS INSTRUCTOR PERMIT

,	THIS CHECKLIST MUST BE ATTACHED TO THE COMPLETE APPLICATION PACKET
Applicant:	
a.	Complete Parts I, II, III and IV.
☐ b.	Submit official transcript(s), signed and sealed by the registrar(s). Transcripts must be sent directly from the college/university/specialized school.
_ c.	Attach verification of Artistic and Professional Work Experience. Verification must be on institutional and/or company letterhead and signed by the Director of Human Resources or supervisor. Specialized schooling must be verified by submission of official transcripts. Transcripts must be sent directly to CT State Department of Education from the college/university.
d.	Return completed application to the Executive Director of the school requesting the permit.
	terdistrict Arts Magnet High Schools or Cooperative Arts and Humanities Magnet High School in New even
□ a.	Part V is to be completed and signed by the superintendent of schools, executive director or designee.
☐ b.	Return the completed application, attachments and checklist to the Bureau of Educator Standards and Certification.
	time employment only in Interdistrict Arts Magnet High Schools or Cooperative Arts and Humanities in School in New Haven.
ENDORSEN	MENT AREAS
Art Dance Music Theater Other (write	in)